Service: COMPREHENSIVE COUNSELING & SUPPORT SERVICES and VOLUNTARY CASE MANAGEMENT SERVICES

Section 2
Service Specifications

I. Introduction

Provision of a comprehensive service array will provide the following benefits to children who have been or are at risk of being abused or neglected and their families.

a. A single entry point for all services.

b. Seamless transition through the components of the service.

c. Referrals to any of the components of the service.

The DHS is seeking proposals to provide Statewide Comprehensive Services for clients of the Department's Child Welfare Services Branch.

Planning Activities (check all that apply):

__X__ Information from funders (legislature, federal agencies, private foundations, etc.) on funding terms and conditions;

_____ Information from other state agencies on services to the same target group;

__X__ Views of service recipients and community advocacy groups on conditions affecting achievement of desired goals;

__X__ Views of provider organizations on how to improve service specifications; a request for information (RFI) process may have been used for this purpose;

__X__ Information from POS monitoring and other reports for current contracts; and

__X__ Other data (socio-economic and health trends, waiting lists for services, client satisfaction surveys, etc.).

A. Description of the Goals of the Service

The goals are comprised of three broad outcome domains in the continuum of child welfare services: safety, permanency, and child and family wellbeing. In administering and conducting the service activities, the safety of children to be served shall be of paramount concern. Service activities shall be based on the principles of family-centered,

strengths/needs-based practice.

The guiding principles of family-centered or strengths/needs-based practice in the Child Welfare Services Branch are:

1. The safety of children is the paramount concern that must guide all child welfare services. Child safety must be the paramount concern when making service provision, placement, and permanency planning decisions.

2. Reasonable efforts to maintain and reunify families are important except when it is determined that the child's safety in the family cannot be assured. Thus, risk and safety assessment skills are important in maintaining the quality of child welfare services and decision making.

3. Children should be helped to stay with or return to their families, when safety can be assured, through the provision of timely, appropriate, quality, individualized service activities and supports that build on the strengths of children and families and are responsive to their needs and their culture.

4. If children cannot remain safely in their homes, foster care and other temporary placements should be considered as an extension of family life rather than as an alternative to it. The child's need for attachment should be addressed through strengthening the family as a resource for the child. Services may also help the child develop or maintain connections with his or her parents, siblings, relatives, and other's important to the child's life.

5. Family crises provide opportunities to the families to address problems. When timely, high quality, and appropriate services are provided to families in crisis, family members, Child Welfare Services Branch staff, and Family Courts are able to make informed decisions about biological, foster, or adoptive parents' ability to protect and care for their children.

6. Service activities must be comprehensive, coordinated, and collaborative and provided in all designated geographic areas under the contract.

7. Service activities must be competent, culturally appropriate and responsive to the strengths, needs, values and preferences of the child and family, and delivered in a manner that is respectful of and builds on the strengths of the family, the community, and cultural ties. Service activities must address the physical, social, emotional, and educational needs of the child and the family's ability to protect the child. Service activities must provide clear and attainable goals and objectives for each participant.

8. Service activities must be individualized, addressing the unique capacities and needs of each child and family.

9. Service activities must empower families to help themselves and to gain and maintain mastery and control over their ability to protect their children.

B. Description of the target population to be served

1. Children, as well as their biological or adoptive parents or caretakers, who are reported to the Department as harmed or threatened with harm by a family member.
2. Resource Caregivers providing out-of-home care to children who have been harmed or threatened with harm who are under the jurisdiction of the Department when services are needed to maintain or preserve an out-of-home placement.
3. For voluntary case management services, children and families who are reported to the Department when a determination has been made at intake or during on-going assessment by the Department that the child has not been substantially harmed, but is at risk of abuse or neglect by the acts or omissions of their parents or caretakers.

C. Geographic coverage of service

Statewide. Assurance must be given that the following areas will be provided the full range of contracted services. Applicants may apply to serve any number of the following geographic areas. A separate proposal may be submitted for each geographical area.

1. Kauai
2. Oahu
3. Maui*
4. Island of Hawaii
   a. East Hawaii
   b. West Hawaii

*Maui does not include Molokai and Lanai. They will be provided comprehensive services via the new Molokai and Lanai integrated service system contracts.

D. Probable annual funding amounts:

$6,125,358.24 per year subject to the availability of funds. The funding will be allocated as follows:

Comprehensive Counseling and Support Services

1. Kauai - $454,675.75
2. Oahu – total - $3,121,238.65
3. Maui - $983,136.99
4. Island of Hawaii
   a. East Hawaii - $836,793.28
   b. West Hawaii - $729,513.57

Additional funding may become available over the life of the contract, and the sources of funding may change. Funding for any given year or for the contract as a whole may increase up to 300% of the original amount without being considered a fundamental change according to section 3-149-303(d) of Hawaii Administrative Rules. Increases are subject to availability of funds, program utilization, and satisfactory performance.

Voluntary Case Management

1. Kauai - $192,000.00
2. Oahu – total - $1,344,000.00
3. Maui - $320,000.00
4. Island of Hawaii – total - $224,000.00
   East Hawaii - $565,000.00
   West Hawaii - $224,000.00

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

1. The provider must assure that the delivery of services is consistent with the departmental goals listed below:

   a. Safety:

      i. Decrease the number and rate of reported and confirmed child abuse/neglect incidences.
      ii. Decrease the number and rate of reported and confirmed child abuse/neglect incidences of re-abuse.

   b. Permanency:

      i. Decrease the time spent in out-of-home placements for children under the Department's placement responsibility who are subsequently returned to their own safe family home.
      ii. Increase the number of reunifications for children, without re-abuse within a one-year period.
      iii. Decrease the length of involvement with the Department.

2. The provider must provide time-limited, protection-focused service activities when a family/children are referred by the Department's staff.

a. For voluntary in-home cases, services should be no longer than 12 months;

3. The provider must provide service activities in concurrence with the Department's statutory mandate under 45 CFR 1340, Hawaii Revised Statutes Chapters 346, 350, and 587, and Hawaii Administrative Rules and Departmental procedures. The Department will provide each provider with a copy of these statutes, rules and procedures. The provider must provide services in concurrence with the philosophy and treatment goals related to the safety of children and the family's ability to be protective of the child.

4. The provider, together with the family and DHS worker, must develop an individualized program plan consistent with the Department's family case plan that provides each family clear goals and objectives and ongoing feedback and progress reports consistent with the goals and objectives of the CWS service plan. For voluntary case management cases, the family case plan documents shall be specified by the Department. The provider must assure that the family understands the goals and objectives and that ongoing feedback and progress reports are furnished to the family and the Department. Family case plans must be reviewed and revised at least every 3 months and modified in agreement with the family as needed.

5. The provider must ensure that service delivery and short and long term goals for the individuals and families served address the four competency areas listed below, depending on the strengths and needs of the families:

   a. The parents/caregivers ability to protect the child/ren.
   b. The parents/caregivers ability to meet the needs of the child/ren.
   c. The parents/caregivers ability to problem-solve.
   d. The parents/caregiver's ability to maintain the safety of the child/ren.

6. The provider must provide reasonable accommodations to assure the applicant's capacity to deliver services to those clients with minimal English speaking abilities or physical limitations.

7. The provider must provide Intensive In-Home crisis intervention services, on a 24-hour, 7 days per week basis to families referred by the CWS social worker for that component of service. Other services must be provided within time limits contracted, or if no time limits are specified, within a reasonable time to children and families on weekends and evenings to accommodate families' work hours.

8. The provider must make available each service activity specified in each client's individualized program plan in all designated geographical areas to the full extent of the proposed and contracted program resources and

funding. Service activities for this contract include assessment, individualized program planning, crisis intervention, counseling activities, visitation activities, outreach activities, transportation services, child-related skill building activities, parental life skills and support activities, coordination activities, clinical therapy, and voluntary case management services. Clients may be referred to some or all of the service activities listed. The provider may be required to use assessment tool(s) as specified by the Department.

9. The provider must make every reasonable effort to assure flexibility in the type of service activities available to children and families.

10. The provider must assure and be responsible for the provision of service activities throughout the geographical area. Recruitment of staff from the specific geographic area is preferred.

11. The provider must assure and be responsible for the continuity of service activities by providing full service activity in the event of staff illness, medical emergencies, vacancies, or other situations that result in program resources that are less than proposed and contracted for. The provider must not require nor depend on the Department's staff to provide service activities in the event that program resources are not available due to the above situations.

12. The provider must ensure smooth transitions between service activities for families under the contract or when the contract ends.

13. The provider must connect and coordinate with the Department and other resources within the community such as Family Strengthening Services provided via POS by the Department and the Blueprint for Change's Neighborhood Places, Ohana Conferencing services, and services provided through Title IV-B, Subpart 2, as well as other sources of support for the families served.

14. The provider must ensure all their caseworkers attend the required Ohana Conference training. If a family opts to use Ohana Conferencing, the assigned provider caseworker for that family must participate and attend the family Ohana conferences.

15. The provider must provide timely and accurate case documentation to the Department's staff. The documentation must include required CWS assessments, case status reports, case discharge reports, and other documentation necessary to monitor and evaluate the quality, quantity, and timeliness of service activities. Case reviews will be conducted by the Department on an on-going basis to audit compliance and quality of documentation and services provided.

16. The provider must assure that all staff meets the minimum educational requirements as required by the Department.

17. The provider must evaluate its program by using credible and tested measurement tools, approved by the Department, for program effectiveness in achieving outcomes.

18. The provider shall conduct criminal history and CPS central registry checks and shall ensure that no employee has a record of criminal convictions or CPS involvement that would pose a risk to children or families.

19. The provider shall require any staff that transport clients to have a clean driving record; free of any moving violations or any indication that would pose a risk to clients being transported.

20. The provider's staff shall participate both as reviewers and reviewees in the Departments Quality Improvement program and initiatives, as specified by the Department.

B. Secondary purchaser participation

After the fact secondary purchaser participation may be allowed pursuant to §3-143-608 HAR.

C. Multiple or alternate proposals

____ Allowed ____ Unallowed

D. Single or multiple contracts to be awarded

____ Single ____ Multiple ____ Single & Multiple

E. Single or multi-term contracts to be awarded

____ Single term (< 2 yrs) ____ Multiple term (> 2 yrs)

The term of the contract(s) will be six (6) years subject to the availability of funding and satisfactory performance.

F. RFP contact person:

Contact Person: Suzanne Hull
Phone: (808) 586-5697
Fax: (808) 586-4806

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

The provider must provide all service activities including assessment, individualized program planning, crisis intervention, counseling activities, visitation activities, outreach activities, transportation services, child-related skill building activities, parental life skills and support activities, coordination activities, clinical therapy, and voluntary case management services as they relate to the child's safety. Service activities may be provided in the family's home, out of the family's home, in individual or group settings, and, for visitation services, supervised or unsupervised.

1. Assessment Activities

a. Assessments must be performed by qualified and certified staff upon request and at the discretion of the child welfare services (CWS) staff. If provider program resources cannot meet the demand, CWS unit supervisors shall prioritize the cases to be served. When cases involve more than one CWS unit, the section administrator shall determine the cases to be served. Assessments must follow the CWS assessment protocol, including the use of CWS safety and risk assessment tools and comprehensive assessment and other assessment tools as specified by the Department.

b. When requested by CWS staff, the assessment may be program specific or comprehensive. Program specific assessments shall evaluate the individual's strengths, needs, and ability to protect the children and determine a specific activity's appropriateness for the individual. Comprehensive assessments must evaluate the individual's strengths, needs, and ability to protect children, and determine any and all appropriate service activities within the scope of the comprehensive counseling and support services program, for the individual, and if necessary the family unit.

c. Assessments must incorporate the Department's assessment of the family.

d. If requested, services must start immediately within 24 hours. Assessments, if requested, will be completed concurrent with the activity. When requested for in-home crisis services, assessments will be completed within 3 days.

e. For voluntary case management cases:

i. Initial contact with the family, either face-to-face or by telephone must occur within 5 working-days of the referral.

ii. Initial safety assessments must be completed within 2 working days of the first face-to-face contact with the family.

iii. Comprehensive assessments must be completed no later than 45 days after initial contact with the family.

2. Individualized Program Planning through Collaboration

Provision of services under this contract must employ a collaborative model between the Department and the provider. To determine the individualized program plan (IPP) under the comprehensive contract, there will be either telephone consultation or a face-to-face case conference to be held no later than a month from the date of referral. The consultation or conference must include the input of the client, the DHS worker, the child as appropriate, the resource caregiver, and the provider. The consultation or conference shall result in an individualized program plan that will specify the services that will be provided under this contract. Case plans must be signed by CWS representatives.

Case planning must address any of the following competencies which are relevant to the family:

a. The parents/caregivers ability to protect the child/ren
b. The parents/caregivers ability to meet the needs of the child/ren
c. The parents/caregivers ability to problem solve
d. The parents/caregivers ability to maintain the safety of the child/ren.

While the individualized program plan will be determined through a consensual agreement among all parties, the Department's worker has the final say. Should the provider disagree with the worker, the matter must be discussed at the supervisory level. If the differences cannot be resolved at the supervisory level, the matter shall be brought to the provider's Executive Director and Department's Section Administrator. If agreement still cannot be reached, the matter shall be brought to the Department's branch level.

A copy of the IPPs shall be provided to the family.

3. Crisis Intervention Services

Homebased, direct, crisis intervention services shall be available 24 hours

per day, 7 days per week. Crisis intervention serviceswill provide a higher level of intervention to the family than counseling services to resolve immediate safety issues and prepare the family for longer term services. The services may last for up to 4 weeks depending on the family's situation and service needs. Services shall be aimed at preventing the placement of a child or facilitating the reunification of a child. This service may be delivered by a combination of professional and paraprofessional staff.

Crisis intervention program components include but are not necessarily limited to:

a. Assessment;

b. Counseling;

c. Role modeling;

d. Education, especially in the area of child development;

e. Assistive Services - i.e. transportation, filling out forms, making appointments, etc.; and

f. Concrete services - cleaning house, repairing windows, feeding baby, etc.

4. Counseling Services

Counseling services include individual, conjoint, and family counseling for families with children who are at risk of being abused or neglected. Services shall be delivered to families with children in or out of the home. While problem solving counseling and other support services may be provided to families in which there has been intrafamilial sex abuse in collaboration with the sexual abuse treatment provider or program, counseling under this program shall not be provided in lieu of sex abuse treatment. Supportive counseling may be provided to children as appropriate. Counseling services shall be:

- Intensive, if necessary;
- Focused on issues that present risk to child/children;
- Flexible to accommodate parents' work schedules (e.g., evenings and weekends),
- In or out of the home as appropriate;

Counseling services are not to exceed 12 months in duration and shall include but not be limited to the following:

a. Psychotherapy;

b. Problem solving skill building;

c. Communication skill building;

d. Coping skill building;

e. Behavior management training; and

f. Education on child development.

5. **The Out-of-Home Visitation** portion of the program provides supervised visits between children in foster home placement and their parents or other family members (e.g., siblings), in consultation with the CWS worker. The visits may take place in the parents' home or in a designated "safe home" or other safe places in the community. Services include but are not limited to:

a. Regular supervised visits;

b. Transportation for the child;

c. Hands on parenting instruction as appropriate; and

d. Positive role modeling as appropriate.

6. **Outreach**

Outreach services provide services to those families who may have received counseling services and are in need of regular, less frequent visits, or other families in need of outreach services if referred by the DHS social worker. Outreach services include but are not limited to:

a. Regular visits in home;

b. Hands on instruction in parenting;

c. Practical life skills instruction;

d. Role modeling;

e. Budgeting; and

f. Nutrition.

If deemed appropriate by the DHS social worker, outreach services may be provided when the family has not received counseling services.

7. **Transportation-Only Services** to medical appointments, unsupervised visits, court hearings, or any other transportation at the request of the Department to access services or resources and that does not require monitoring or supervision. Contract funds may be used to lease vehicles for this purpose and to provide mileage reimbursement and excess automobile liability insurance if employees use personally-owned automobiles to deliver services.

8. **Child Related Skills Building**

a. Services shall include parenting in both group and individual settings to enhance child management skills by using simple, concrete techniques taught in a format employing both educational materials and skill building exercises. Information shall be provided on normal child development stages.

b. Parenting groups may be provided for parents with substance abuse problems to encourage and facilitate the parents' understanding of the effect their substance abuse has on their children and to support, encourage, and facilitate the parents' participation in substance abuse treatment services.

c. Child centered pre- and post-permanency activities to reduce anxiety regarding the permanency process and improve connections between children and parents about permanency issues. May feature activities such as arts, crafts, and discussions designed to provide age and developmentally matched children with an opportunity to explore permanency with others that have had similar experiences. (This component should be provided in locales where pre- and post-permanency services are provided by the Comprehensive contract and not through another service).

9. Parental Life Skills and Support Activities

Program components shall include, but are not necessarily limited to, individual and group activities which focus on:

a. Relevant issues such as understanding the dynamics of child abuse and neglect and domestic violence, increasing one's ability to protect, assertiveness training, etc.

b. Socialization to develop concrete, everyday problem solving abilities as well as to learn how to interact with other people more productively.

c. Concrete family management skills building and resource development in areas such as nutrition, cooking, budgeting, housing, health care, benefits, employment, etc.

d. Advocacy on behalf of the family and in support of the individualized program plan (IPP).

e. Parent centered pre- and post-permanency support and educational groups to address the needs of families. Groups may feature guest speakers, educational workshops, and may be parent-led or facilitated. (This component should be provided in locales where pre- and post-permanency services are provided by the Comprehensive contract and not through another service).

10. Coordination Activities

a. The provider shall accept referrals, document the activity requested, receive information and documents from the Department's staff, set up and facilitate the individualized program planning meeting, record the meeting, and write up the individualized program plan for signing. At the request of the Department's staff, the provider shall arrange for case conferences, including the revision of the individualized program plans.

b. Referrals may be made by phone or FAX.

c. Case conferences and individualized program planning meetings may be held by telephone or face-to-face meetings. Families shall be included whenever feasible and appropriate. Meetings shall be scheduled at a time and place that accommodate the Department's staff and families to the greatest extent possible.

d. Crisis intervention service activities and visitation services shall begin immediately, prior to the development of an individualized program plan (IPP). Other service activities may begin immediately, prior to the development of an IPP, at the request of the DHS social worker.

e. Any services to individuals or families involved in, or in need of, sexual abuse treatment must include the POS sex abuse treatment provider to ensure that program planning activities are well coordinated and consistent with the sexual abuse treatment plan.

f. Voluntary Case Managers will be provided access to services purchased by the Department, such as Comprehensive Counseling Services, Family Strengthening Services, Ohana Conferencing, Substance Abuse Services, etc.

g. Voluntary Case Managers must complete and maintain necessary documentation according to CWS procedures to support and verify the provision of voluntary case management services. At this time, Voluntary Case Managers will not be required to input information into the Child Protective Services System (CPSS) database, but must provide the information needed for CWS to input into CPSS. Voluntary Case Managers may be required to enter information in the CWS data base in the future.

h. Voluntary Case Managers shall document all contact with and among the child, child's parent, resource caregiver, primary caregiver, and any other relevant person(s) identified as necessary for the safety, health, well-being and permanency of the child. At a minimum these contacts shall include:

i. Twice-a-month face-to-face contact with the child, parents, and other caregivers if the child is not in the family home.

ii. Coordination with CWS staff assigned to the Voluntary Case Management program.

iii. Other service providers for the family.**11. Clinical Therapy**

a. No more than 10% of the funding amount for each geographical area is to be expended for clinical therapy services.

b. This service shall enable the clients to gain insight into their feelings and behaviors.

12. Voluntary Case Management Services

Voluntary case management services include a wide range of case management activities provided to children and families for whom the Department has made a determination, at initial intake or during on-going assessment, that the child has not been substantially harmed but is at risk of abuse and/or neglect by acts or omissions by their parents or caretakers. The child may reside in or out of the family home. Children and families receiving voluntary case management services shall not be under the jurisdiction of the Family Court.

Voluntary Case Management cases will be case managed by qualified case managers from the various providers under the Comprehensive Counseling and Support Services program. These voluntary case managers will be assisted by Voluntary Case Management staff of the Department who will, in most instances, be housed in the various provider agencies. The primary duties of the Department's Voluntary Case Management staff will be to monitor the quality of work done by the providers' voluntary case managers, provide case consultation, and to input case information into the Department's CPSS database, as specified.

The provider must provide the following service activities to families receiving voluntary case management services:

a. Contact with the Family

Initial contact with the family, either face-to-face or by telephone if face-to-face is not possible, must occur no later than 5 working days of the referral.

b. Assessment Activities

i. Assessments must be performed by qualified and certified staff in accordance with CWS procedures for each case referred by the Department. Comprehensive assessments must evaluate the family's strengths, needs, and ability to protect children, and determine any and all appropriate service activities within the scope of the comprehensive counseling and support services program.

ii. Initial safety assessments must be completed within 2 working days of the first face-to-face contact with the family.

iii. Comprehensive assessments must be completed no later than 45 days after initial contact with the family.

c. Development, completion, and on-going review of family case plans with the assistance and input of the child, parents, and other caregivers or family members, if applicable.

d. Communication with the child, parents, legal/physical custodians, and all other relevant persons identified as necessary to the development and implementation of the goals of the case plan.

e. Coordination of service referrals and service delivery.

f. Monitoring service delivery to ensure appropriateness and effectiveness.

g. Completing and maintaining documentation in accordance with CWS procedures.

Voluntary Case Management Services shall be terminated when:

a. Services are successfully completed.

b. If the initial assessment by the provider reveals that the child has suffered substantial harm instead of risk, the Provider shall inform the CWS Intake Unit, provide crisis intervention and immediately return the case to the CWS Intake or Assessment Unit for appropriate assignment. The Provider will also assist CWS in ensuring a smooth transition of the case to CWS.

c. The period of service will exceed the following:

i. Twelve months for voluntary in-home cases. Extensions may be granted on a case by case bases as specified by the Department;

d. The child is reported to be substantially harmed at any time during the provision of voluntary case management services and an investigation by CWS confirms the report.

If the Provider terminates services to a family due to any of the above-mentioned situations, the case will be returned to the CWS Intake or Assessment Unit for appropriate re-assignment.

For cases returned to CWS by the provider for which CWS files a court petition, the Provider will provide CWS with an up-dated case plan consisting of family assessment and service plan, as specified by the

Department, for submission with the petition. The Provider will also be expected to provide testimony in Court if required.

The Provider will maintain client confidentiality in accordance with CWS rules and procedures and must agree to share information with the Department, the Court, and other parties as necessary to ensure the safety, permanency and well-being of the child and family.

Conflicts between the Provider and the Department shall be resolved through each agencies respective chains of authority.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

a. Staff shall have the educational qualifications and necessary training to provide the activities requested. The Department will consider waivers on a case-by-case basis. If a provider requests a waiver it must be in writing and provide the following:

i. The reason for the requested waiver.

ii. Justification for the request, i.e. staff may not have the required educational background, but may have years of training and experience and can demonstrate their ability to adequately perform the position's duties.

iii. A resume for the individual for whom the waiver is being requested.

iv. An explanation of the training and level of supervision that will be provided to the individual.

v. The duration of the waiver request.

b. Staff must have experience in dealing with domestic violence, child abuse and neglect, and substance abuse and must be willing to work with families that present those safety issues.

c. When disagreement between the provider's staff and the Department's staff exists in regard to the performance of service activities within contracted specifications, the decision of the Department shall prevail. Failure on the part of the provider to comply shall be deemed cause for corrective action and subject to contractual remedies.

d. Visitation activities require paraprofessional level staff, unless 1) the geographic site requires the staff to provide more than visitation activities, or 2) the visit involves child related skills building from a professional. The paraprofessional must have a high school diploma and have had relevant training and experience working with families who harmed or threatened their children with harm.

e. Child related skills building and parental life skills and support require staff with a bachelor's degree from an accredited institution or equivalent training and experience approved by the Department. Individuals must have had relevant training and experience in working with families who harmed or threatened their children with harm.

f. Counseling activities and clinical therapy require, at a minimum, staff with a master's degree in social work or related field from an accredited institution. Individuals must have had relevant training and experience in working with families who harmed or threatened their children with harm.

g. If at any time there are insufficient referrals or families participating in voluntary case management services to maintain a reasonable workload, the Provider is expected to temporarily assign voluntary case management staff to other duties within the Comprehensive Counseling and Support Services program of other CWS purchase of service program as appropriate until there are sufficient referrals to ensure a reasonable workload for staff.

h. The Provider will accommodate CWS Voluntary Case Management liaison staff at the Provider's offices unless other mutually-agreeable arrangements are made. At a minimum, the liaison staff will require sufficient workspace to accommodate a desk, chair, computer, access to a printer, and a telephone.

2. Administrative

The provider shall accept only individuals who are referred by the Department of Human Services unless otherwise specified in the contract.

3. Quality Assurance and Evaluation Specifications

All contracts shall be monitored by the Department in accordance with requirements set forth by Chapter 103F, Hawaii Revised Statutes. Annual contract monitoring may include site visits with comprehensive evaluation of several areas of performance. These include review of conformance with standard contractual requirements, agency files, accounting practices, and case record keeping. In addition, ongoing contract monitoring shall include review of monthly and quarterly reports and periodic assessment

of program effectiveness.

The provider must maintain throughout the term of the contract a system of self-appraisal and program evaluation, approved by the Department, for evaluating the effectiveness of the activities provided. The evaluation process must include tools or instruments to be used to identify client indicators of change, which are relevant to client outcomes and include a process for making improvements or taking corrective action based upon the evaluation findings.

Services provided by the CCSS contract including Voluntary Case Management cases shall be reviewed as a part of Hawaii's Quality Improvement system and the Child and Family Services Review. The reviews shall include but are not limited to records and staff feedback.

CCSS Staff shall participate both as reviewers and reviewees in the reviews as specified by the Department.

4. Outcome and Performance Measurements

a. Quarterly reports shall be submitted based on outcome and performance measurements specified by the Department.

The Provider will provide Quarterly Performance Reports as well as a year-end report, as specified by the Department. The Department will review the Performance Outcomes with the provider each quarter to document the issues impacting the achievement of specific outcomes.

If the Provider fails to meet one or more of their specified outcomes for more than one quarter, a corrective action plan must be completed with the Department within 10 working days of the latest Quarterly Report, when specified by the Department. Should the Provider continue to fail to meet those outcomes identified as critical outcomes, the Department will meet with the Provider to determine a course of action.

5. Reporting Requirements for Program and Fiscal Data

a. Required Program Reports:

Unless otherwise agreed, quarterly and year-end program reports shall be submitted in a format specified by the Department in which the provider summarizes major activities undertaken during the report period. Data to be reported includes the number of service units provided, the number of persons served, client lists, outcomes and objectives achieved, problems encountered, recommendations, and proposed future activities.

b. Required Fiscal Reports:

i. Providers will submit invoices in the format specified by the Department.

ii. Unless otherwise agreed, monthly, quarterly and year-end reports shall be submitted for cost reimbursement contracts listing total expenditures of contract funds, contract revenues received, and collections and expenditures from program income and other sources of funding.

c. Penalties for Late Reporting

Unless otherwise specified in the contract, program and fiscal reports are due within 30 days of the end of the quarter. Providers that are late submitting applicable reports may be subject to a fine of $25.00 at a minimum for each business day that the report is late.

6. Pricing methodology to be used

Unless otherwise proposed and agreed between the applicant and the Department, the pricing methodology for this service is as checked below. Combinations of these pricing methodologies or pricing methodologies not listed below may also be proposed and agreed upon. The pricing methodology may be revised by mutual agreement throughout the term of the contract

__X__ Cost reimbursement where the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum contract amount.

_____ Fixed rate where the State pays the contractor a set rate for a defined unit of service up to a stated maximum contract amount. The State and the contractor agree on the number of units of service to be delivered for the stated contract amount.

_____ Negotiated rate where the State defines a unit of service and may predetermine the total number of units to be delivered or the maximum amount of funding available for the contract. The State then negotiates with the contractor the rate to be paid for each unit delivered.

7. Units of Service and Unit Rate

a. The unit rate is $60.00 per professional hour and shall be commensurate with the educational level of the provider of the activity. A professional staff hour is one hour of service requiring the provider to have masters' degree. Activities requiring a bachelor's degree will be credited and

priced at .84 unit of service. Services requiring paraprofessional level staff will be credited and priced at .52 unit of service.

b. The provider shall propose to deliver units of service in terms of professional staff hours at a master's level as defined above. Included is direct service time provided to clients (including wait time up to 15 minutes for failed home or office visits) as well as collateral contacts such as attendance at case conferences, CWS meetings, multidisciplinary team conferences, attending family Ohana conferences, and court hearings. Travel time related to direct client contact shall be considered a service activity only for the time spent traveling from the designated and approved provider office to the client. Supervisory consultation, report writing, failed office visits, training, and travel time to and from workshops, conferences, meetings, staff home not designated and approved as provider office, or other travel not related to direct client contact are not considered units of services. These are considered administrative functions and their costs are included in the unit rate.

c. The unit rate may be changed by mutual agreement of the provider and the Department of Human Services.

NOTE: If program utilization is low, program funds may be reallocated.